



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6554

|  |   |   |   |   |                               |                                    |
|--|---|---|---|---|-------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/809,223   | <b>FILING or 371(c)<br/>DATE</b><br>03/25/2004<br><b>RULE</b>   | <b>CLASS</b><br>345   | <b>GROUP ART UNIT</b><br>2621   | <b>ATTORNEY DOCKET<br/>NO.</b><br>15465US01 |                               |                                    |
| <b>APPLICANTS</b><br>Manoj Kumar Singhal, Bangalore, INDIA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/07/2004.  |   |   |   |   |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /ANNEX N HOLDER/<br>Acknowledged Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>ANH<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>INDIA  | <b>SHEETS<br/>DRAWINGS</b><br>7             | <b>TOTAL<br/>CLAIMS</b><br>21 | <b>INDEPENDENT<br/>CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>MCANDREWS HELD & MALLOY, LTD<br>500 WEST MADISON STREET<br>SUITE 3400<br>CHICAGO, IL 60661   |   |   |   |   |                               |                                    |
| <b>TITLE</b><br>Method and system for multidimensional virtual reality audio and visual projection   |   |   |   |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1046   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                               |                                    |